UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

09/854087			
REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 10/21/10 2 Serial/Patent # _ 6, 622, 412			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal		`	\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other		6-1-10	\$ / 198,00
	7 TOTAL AMOUNT S 1 90.00		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	۰ [
No Fee Due (Explanation):			
Patent Not reinstated.			
		•	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Karen Creasy	TI'	TLE: Pe	etitions Examiner
SIGNATURE: /Karen Creasy/	PH	ONE:	2-3208
OFFICE: Petitions			
THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: DATE:			
	·	`	- 1

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)